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<b>Application Data Sheet 37 CFR 1.76</b>		<b>Attorney Docket Number</b>	36357
		<b>Application Number</b>	09/862,546
<b>Title of Invention</b>	PROCESS OF INTERFACING A PATIENT INDIRECTLY WITH THEIR OWN ELECTRONIC MEDICAL RECORDS		
<p>The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76.</p> <p>This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.</p>			

## Secrecy Order 37 CFR 5.2

- ☐ Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)

## Applicant Information:

<b>Applicant 1</b>				
<b>Applicant Authority</b> <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118
<b>Prefix</b>	<b>Given Name</b>	<b>Middle Name</b>	<b>Family Name</b>	<b>Suffix</b>
	Debra		Castille	
<b>Residence Information (Select One)</b> <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
<b>City</b>	Harrisonville	<b>State/Province</b>	MO	<b>Country of Residence</b> US
<b>Citizenship under 37 CFR 1.41(b)</b>		US		
<b>Mailing Address of Applicant:</b>				
<b>Address 1</b>	26005 East 317 Street			
<b>Address 2</b>				
<b>City</b>	Harrisonville	<b>State/Province</b>	MO	
<b>Postal Code</b>	64701	<b>Country</b>	US	
All Inventors Must Be Listed - Additional Inventor Information blocks may be generated within this form by selecting the <b>Add</b> button.				

## Correspondence Information:

Enter either Customer Number or complete the Correspondence Information section below. For further information see 37 CFR 1.33(a).	
<input type="checkbox"/> An Address is being provided for the correspondence Information of this application.	
<b>Customer Number</b>	23589
<b>Email Address</b>	
	<input type="button" value="Add Email"/> <input type="button" value="Remove Email"/>

## Application Information:

<b>Title of the Invention</b>	PROCESS OF INTERFACING A PATIENT INDIRECTLY WITH THEIR OWN ELECTRONIC MEDICAL RECORDS		
<b>Attorney Docket Number</b>	36357	<b>Small Entity Status Claimed</b>	<input checked="" type="checkbox"/>
<b>Application Type</b>	Nonprovisional		
<b>Subject Matter</b>	Utility		
<b>Suggested Class (if any)</b>		<b>Sub Class (if any)</b>	
<b>Suggested Technology Center (if any)</b>			
<b>Total Number of Drawing Sheets (if any)</b>		<b>Suggested Figure for Publication (if any)</b>	

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		Application Number	09/802,546
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### Publication Information:

<input type="checkbox"/>	Request Early Publication (Fee required at time of Request 37 CFR 1.219)
<input type="checkbox"/>	<b>Request Not to Publish.</b> I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.

### Representative Information:

Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.			
Please Select One:	<input checked="" type="radio"/> Customer Number	<input type="radio"/> US Patent Practitioner	<input type="radio"/> Limited Recognition (37 CFR 11.9)
Customer Number	23589		

### Domestic Benefit/National Stage Information:

This section allows for the applicant to either claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c) or indicate National Stage entry from a PCT application. Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.			
Prior Application Status	<a href="#">Remove</a>		
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
Additional Domestic Benefit/National Stage Data may be generated within this form by selecting the Add button.			

### Foreign Priority Information:

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).			
<a href="#">Remove</a>			
Application Number	Country <sup>1</sup>	Parent Filing Date (YYYY-MM-DD)	Priority Claimed
			<input type="radio"/> Yes <input checked="" type="radio"/> No
Additional Foreign Priority Data may be generated within this form by selecting the Add button.			

### Assignee Information:

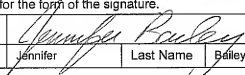
Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.
<b>Assignee 1</b>

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If the Assignee is an Organization check here. <input type="checkbox"/>				
Prefix	Given Name	Middle Name	Family Name	Suffix
<b>Mailing Address Information:</b>				
Address 1				
Address 2				
City		State/Province		
Country		Postal Code		
Phone Number		Fax Number		
Email Address				
Additional Assignee Data may be generated within this form by selecting the Add button.				

## Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.				
Signature			Date (YYYY-MM-DD)	9-19-2008
First Name	Jennifer	Last Name	Bailey	Registration Number 52583

This collection of information is required by 37 CFR 1.76. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 23 minutes to complete, including gathering, preparing, and submitting the completed application data sheet form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.